

CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Gerald J. Vilella</i>						
STREET ADDRESS <i>3216 Harvard Rd</i>						
CITY <i>Erie</i>		STATE <i>PA</i>		ZIP CODE <i>16508</i>		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION	
					MO.	DAY YEAR
6TH TUESDAY PRE-PRIMARY 1.						
2ND FRIDAY PRE-PRIMARY 2.						
30 DAY POST-PRIMARY 3.						
6TH TUESDAY PRE-ELECTION 4.						
2ND FRIDAY PRE-ELECTION 5.						
30 DAY POST-ELECTION 6. <input checked="" type="checkbox"/>						
ANNUAL REPORT 7.						

DATES OF REPORTING PERIOD: MO. DAY YEAR *10 24 2017* TO MO. DAY YEAR *12 04 2017*

CASH BALANCE AT END OF REPORTING PERIOD: \$ 0

TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0

AMENDMENT REPORT?	YES	NO
TERMINATION REPORT?	YES <input checked="" type="checkbox"/>	NO

FOR OFFICE USE ONLY

2017 DEC -7 AM 11:21

ERIE COUNTY VOTER REGISTRATION

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 7th DAY OF Dec 2017

[Signature]
 SIGNATURE OF PERSON SUBMITTING REPORT
Gerald J. Vilella
 PRINTED NAME
814 397-5899
 AREA CODE DAYTIME TELEPHONE NUMBER

MY COMMISSION EXPIRES 4-3-19
 MO. DAY YR.

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20____

 SIGNATURE OF CANDIDATE

 PRINTED NAME

 SIGNATURE

MY COMMISSION EXPIRES _____
 MO. DAY YR.

 AREA CODE

 DAYTIME TELEPHONE NUMBER